# REPORT OF MEDICAL EXAMINATION

| 1. DATE OF EXAMINATION *(YYYYMMDD)* | 2. SOCIAL SECURITY NUMBER |
|---|---|
| | |

## PRIVACY ACT STATEMENT

**AUTHORITY:** 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.
**PRINCIPAL PURPOSE(S):** To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
**ROUTINE USE(S):** None.
**DISCLOSURE:** Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

| 3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) | 4. HOME ADDRESS *(Street, Apartment Number, City, State and ZIP Code)* | 5. HOME TELEPHONE NUMBER *(Include Area Code)* |
|---|---|---|
| | | |

| 6. GRADE | 7. DATE OF BIRTH *(YYYYMMDD)* | 8. AGE | 9. SEX | 10. RACE |
|---|---|---|---|---|
| | | | ☐ Female<br>☐ Male | ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander<br>☐ Black ☐ White |

| 11. TOTAL YEARS GOVERNMENT SERVICE | | 12. AGENCY *(Non-Service Members Only)* | 13. ORGANIZATION UNIT AND UIC/CODE |
|---|---|---|---|
| a. MILITARY | b. CIVILIAN | | |
| | | | |

| 14.a. RATING OR SPECIALTY *(Aviators Only)* | b. TOTAL FLYING TIME | c. LAST SIX MONTHS |
|---|---|---|
| | | |

| 15.a. SERVICE | b. COMPONENT | c. PURPOSE OF EXAMINATION | 16. NAME OF EXAMINING LOCATION, AND ADDRESS *(Include ZIP Code)* |
|---|---|---|---|
| ☐ Army ☐ Coast Guard<br>☐ Navy<br>☐ Marine Corps<br>☐ Air Force | ☐ Active Duty<br>☐ Reserve<br>☐ National Guard | ☐ Enlistment ☐ Medical Board ☐ Other<br>☐ Commission ☐ Retirement<br>☐ Retention ☐ U.S. Service Academy<br>☐ Separation ☐ ROTC Scholarship Program | |

**CLINICAL EVALUATION** *(Check each item in appropriate column. Enter "NE" if not evaluated.)*

| | Normal | Abnorm | NE |
|---|---|---|---|
| 17. Head, face, neck, and scalp | | | |
| 18. Nose | | | |
| 19. Sinuses | | | |
| 20. Mouth and throat | | | |
| 21. Ears - General *(Int. and ext. canals/Auditory acuity under item 72)* | | | |
| 22. Drum *(Perforation)* | | | |
| 23. Eyes - General *(Visual acuity and refraction under items 62 - 71)* | | | |
| 24. Ophthalmoscopic | | | |
| 25. Pupils *(Equality and reaction)* | | | |
| 26. Ocular motility *(Associated parallel movements, nystagmus)* | | | |
| 27. Heart *(Thrust, size, rhythm, sounds)* | | | |
| 28. Lungs and chest *(Include breasts)* | | | |
| 29. Vascular system *(Varicosities, etc.)* | | | |
| 30. Anus and rectum *(Hemorrhoids, Fistulae) (Prostate if indicated)* | | | |
| 31. Abdomen and viscera *(Include hernia)* | | | |
| 32. External genitalia *(Genitourinary)* | | | |
| 33. Upper extremities | | | |
| 34. Lower extremities *(Except feet)* | | | |
| 35. Feet | | | |
| 36. Spine, other musculoskeletal | | | |
| 37. Identifying body marks, scars, tattoos | | | |
| 38. Skin, lymphatics | | | |
| 39. Neurologic | | | |
| 40. Psychiatric *(Specify any personality deviation)* | | | |
| 41. Pelvic *(Females only)* | | | |

**42. NOTES:** *(Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)*

**43. DENTAL DEFECTS AND DISEASE** *(Please explain. Use dental form if completed by dentist.)*
☐ Acceptable
☐ Not Acceptable Class _____
*(Dental examination not done by dental officer)*

**44. FEET** *(Circle category)*
Normal Arch — Mild — Asymptomatic
Pes Cavus — Moderate
Pes Planus — Severe — Symptomatic

| LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) | SOCIAL SECURITY NUMBER |
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| | |

**LABORATORY FINDINGS**

| 45. URINALYSIS | a. Albumin<br>b. Sugar | 46. URINE HCG | 47. H/H | 48. BLOOD TYPE |
|---|---|---|---|---|
| | | | | |

| TESTS | RESULTS | HIV SPECIMEN ID LABEL | DRUG TEST SPECIMEN ID LABEL |
|---|---|---|---|
| 49. HIV | | | |
| 50. DRUGS | | | |
| 51. ALCOHOL | | | |
| 52. OTHER | | | |
| a. PAP SMEAR | | | |
| b. | | | |
| c. | | | |

**MEASUREMENTS AND OTHER FINDINGS**

| 53. HEIGHT | 54. WEIGHT<br>lbs. | 55. MIN WGT - MAX WGT<br>MAX BF % | 56. TEMPERATURE | 57. PULSE |
|---|---|---|---|---|
| | | | | |

| 58. BLOOD PRESSURE | | | 59. RED/GREEN *(Army Only)* | 60. OTHER VISION TEST |
|---|---|---|---|---|
| a. 1ST | b. 2ND | c. 3RD | | |
| SYS. | SYS. | SYS. | | |
| DIAS. | DIAS. | DIAS. | | |

| 61. DISTANT VISION | | 62. REFRACTION BY AUTOREFRACTION OR MANIFEST | | | | 63. NEAR VISION | | |
|---|---|---|---|---|---|---|---|---|
| Right 20/ | Corr. to 20/ | By | S. | CX | by | Right 20/ | Corr. to 20/ | by |
| Left 20/ | Corr. to 20/ | By | S. | CX | by | Left 20/ | Corr. to 20/ | by |

**64. HETEROPHORIA** *(Specify distance)*

ES ° EX ° R.H. L.H. Prism div. Prism Conv CT NPR PD

| 65. ACCOMMODATION | | 66. COLOR VISION *(Test used and result)* | | 67. DEPTH PERCEPTION *(Test used and score)* AFVT | |
|---|---|---|---|---|---|
| Right | Left | PIP | 14 | Uncorrected | Corrected |

| 68. FIELD OF VISION | 69. NIGHT VISION *(Test used and score)* | 70. INTRAOCULAR TENSION | |
|---|---|---|---|
| | | O.D. | O.S. |

| 71a. AUDIOMETER | Unit Serial Number | | | | | | 71b. Unit Serial Number | | | | | | | 72a. READING ALOUD TEST |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date Calibrated *(YYYYMMDD)* | | | | | | | Date Calibrated *(YYYYMMDD)* | | | | | | | ☐ SAT ☐ UNSAT |
| HZ | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | HZ | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | |
| Right | | | | | | | Right | | | | | | | 72b. VALSALVA |
| Left | | | | | | | Left | | | | | | | ☐ SAT ☐ UNSAT |

**73. NOTES** *(Continued)* **AND SIGNIFICANT OR INTERVAL HISTORY** *(Use additional sheets if necessary.)*

| LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) | SOCIAL SECURITY NUMBER |
|---|---|
| | |

**74.a. EXAMINEE/APPLICANT** *(check one)*

- ☐ IS QUALIFIED FOR SERVICE
- ☐ IS NOT QUALIFIED FOR SERVICE

**75. I have been advised of my disqualifying condition.**

| a. SIGNATURE OF EXAMINEE | b. DATE *(YYYYMMDD)* |
|---|---|
| | |

**b. PHYSICAL PROFILE**

| P | U | L | H | E | S | X | PROFILER INITIALS | DATE *(YYYYMMDD)* |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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**76. SIGNIFICANT OR DISQUALIFYING DEFECTS**

| ITEM NO. | MEDICAL CONDITION/DIAGNOSIS | ICD CODE | PROFILE SERIAL | RBJ DATE *(YYYYMMDD)* | QUALI-FIED | DIS-QUALI-FIED | EXAMINER INITIALS | WAIVER RECEIVED | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | SERVICE | DATE *(YYYYMMDD)* |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

**77. SUMMARY OF DEFECTS AND DIAGNOSES** *(List diagnoses with item numbers) (Use additional sheets if necessary.)*

**78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED** *(Specify) (Use additional sheets if necessary.)*

**79. MEPS WORKLOAD** *(For MEPS use only)*

| WKID | ST | DATE *(YYYYMMDD)* | INITIAL | WKID | ST | DATE *(YYYYMMDD)* | INITIAL |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| 80. MEDICAL INSPECTION DATE | HT | WT | %BF | MAX WT | HCG | QUAL | DISQ | PHYSICIAN'S SIGNATURE |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| 81.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER | b. SIGNATURE |
|---|---|
| | |

| 82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER | b. SIGNATURE |
|---|---|
| | |

| 83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)* | b. SIGNATURE |
|---|---|
| | |

| 84.a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY | b. SIGNATURE |
|---|---|
| | |

**85. This examination has been administratively reviewed for completeness and accuracy.**

| a. SIGNATURE | b. GRADE | c. DATE *(YYYYMMDD)* |
|---|---|---|
| | | |

**86. WAIVER GRANTED** *(If yes, date and by whom)*

- ☐ YES
- ☐ NO

**87. NUMBER OF ATTACHED SHEETS**